

**TOWN OF DUNSTABLE**

**REQUEST FOR RE/APPOINTMENT TO  
BOARD, COMMITTEE OR COMMISSION**

- ☐ **Name:** \_\_\_\_\_  
*First, Middle Initial and Last Name/If registered voter, then as registered.*
- ☐ **Address, including P.O. Box Number (if applicable), Town, Zip Code:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ **Telephone Number:** \_\_\_\_\_
- ☐ **Position:** \_\_\_\_\_
- ☐ **Term Expiration Date:** \_\_\_\_\_
- ☐ **Current Term Expiration:** \_\_\_\_\_
- ☐ **Please note if filling unexpired term of a former member:** \_\_\_\_\_  
\_\_\_\_\_
- ☐ **Signature of Applicant (person requesting appointment):**  
\_\_\_\_\_
- ☐ **Signature of Board, Committee or Commission Chair or designee:**  
\_\_\_\_\_

*Please return this form to:*

*Office of the Board of Selectmen  
511 Main Street  
Dunstable, MA 01827-1313*